



# CHANGE OF CAMPUS FORM

A student should complete this form when he or she requests a change from one campus to another. Please fax to 678.989.3015

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

E-Mail Address: (Please print) \_\_\_\_\_

Address: \_\_\_\_\_  
(Street or PO Box) (City) (State) (Zip Code)

Telephone #: \_\_\_\_\_  
(Home) (Work)

Change from the \_\_\_\_\_ Campus to  
the \_\_\_\_\_ Campus, please list your program of  
study \_\_\_\_\_

\_\_\_\_\_  
Signature Date

### \*IMPORTANT NOTE\*

This form is not to be used for a change of program. Please see the office of admissions if you wish to change your program of study.

\_\_\_\_\_  
OFFICE USE ONLY

Date Received \_\_\_\_\_ Semester in which change becomes effective \_\_\_\_\_

RETURN THE COMPLETED FORM TO THE OFFICE OF ADMISSIONS